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CERTIFICATE OF MAILING

I hereby certify that this paper, together with all enclosures identified herein, are being deposited with the United States Postal Service as first class mail, addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date indicated below.

February 15, 2006

Date

Anna M. Matthews
Anna M. Matthews

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.	:	10/660,834	Confirmation No.:	7859
Applicant	:	John W. Carter et al.		
Filed	:	September 12, 2003		
TC/A.U.	:	2873		
Examiner	:	Brandi N. Thomas		
Docket No.	:	GEN10 P-444		
Customer No.	:	028,469		

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

TRANSMITTAL

Dear Sir:

Transmitted herewith is a response to the Office Action dated November 15, 2005. The items checked below are appropriate.

- ☐ Applicant hereby petitions for an extension of time to respond to the above Office Action. The fee of \$_____ for the _____-month extension is enclosed.
- ☐ Other enclosures: _____.

Any fee for additional claims has been calculated as shown below:

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CLAIMS AS AMENDED

					Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	51	Minus	52	= 0	x \$25	\$	x \$ 50	\$0
Ind. Claims	9	Minus	8	= 1	x \$100	\$	x \$200	\$200
First Presentation of Multiple Dependent Claims					x \$180	\$	x \$360	\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$		\$200

EACH ADDITIONAL GROUP OF 50 PAGES THAT EXCEEDS 100 PAGES

Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
No. of Groups Remaining After Amd.		Highest No. of Groups Previously Paid	Present Extra Groups	Rate (each add'l 50 pages over 100)	Add'l Fee	Rate (each add'l 50 pages over 100)	Add'l Fee
	Minus		=	x \$125	\$	X \$250	\$0

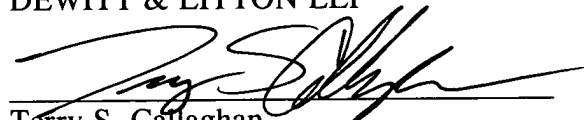
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1. ☐ Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. ☐ No additional fee is required.
3. ☒ A check in the amount of \$200 is attached to cover the cost of the additional claims added by this response.
4. ☐ A check in the amount of \$_____ is attached to cover the application size fee.
5. ☐ A fee of \$_____ to cover Petition for Extension of Time is enclosed.
6. ☐ Other: _____.

Please charge any additional fees or credit overpayment to Deposit Account No. 16-2463. A duplicate copy of this sheet is attached.

Respectfully submitted by,

PRICE, HENEVELD, COOPER,
DEWITT & LITTON LLP



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February 15, 2006
Date

TSC/amm